

## Associate Membership Application Form

### Personal Records

**Surname:**

**Name:**

**Middle Initial:**

**Academic**

**Qualifications:**

**Name of Company:**

**Position / Title:**

### Correspondence Records

**Address:**

**City:**

**Postal Code:**

**Country:**

**Phone (1):**

**Phone (2):**

**E-mail:**

**Fax:**

**Nominator's Name:**

Current research interests:

Annual dues for associate members are 40€

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Name	Date	Signature
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Hellenic Association of Maritime Economists

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